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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DROPSY OF THE AMNION.

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Claremont, Ill.

(Continued from page 244.)

So far have the arguments advanced in this paper, as to the etiology and pathology of this disease, been suggested by the anatomical developments afforded by the autopsy of the membrane itself, together with that of the placenta and cord. But the changes thus observed in these structures can only demonstrate an intra-uterine origin for the disease. I propose to show as briefly as possible, that dropsy of the amnion may also have an ovarian origin.

It is conceded, I believe, by all obstetrical writers, anatomists, and ovo-pathologists, that a considerable turgescence occurs during the venereal congress necessary to effect fecundation, by which the ovaries and ovarian vesicles become temporarily congested. It appears to me now that if any accidental or prolonged cause intervene to delay beyond proper limits the resolution of this orgasm, it must in some way compromise the well-being or retard the normal development of the ovule before it escapes from the ovary, or, at least, before it has completed the Fallopian transit.

The structure of the ovarian vesicle, as it lies imbedded in the ovary, is sufficient to invest with feasibility the proposition just advanced, namely, an ovarian or tubal arrest of the normal development of the ovule. I shall introduce, for the further elimination of this theory, the testimony of Cazeaux, in his description of the ovarian vesicle. From page 84 I extract: "These vesicles are composed of two portions: 1st. Of a containing part, the envelope; 2d. Of a contained one, the nu-

cleus. The former consists 1st. Of some foreign parts, those not proper to the vesicle itself, but appertaining to the ovary, and which are subtended and transformed by it into teguments; 2d. Of a proper capsule for the vesicle."

"A. The tegument (*indusium*, Baër) only invests the prominent part of the vesicle, being formed of a *peritoneal* lamina, and of a thin layer of the stroma or proper ovarian tissue.

"B. The capsule (*theca*, Baër) is composed of two laminae, the external and internal. The former is thin but tenacious, very retractile, semi-transparent, and formed, like all thin membranes, of a dense cellular tissue; some vessels ramify in its substance, and their extremities go to the internal layer. This latter is softer, thicker, more opaque, and slightly or not at all retractile. Its internal surface is lubricated, exhibiting granulation, and some extremely delicate villousities, whilst the outer surface is intimately united to the external layer; the little vessels that penetrate it immediately subdivide into very delicate ramuscles, assuming a pencillious arrangement, so as almost to constitute a third layer, which is essentially vascular."

"C. The nucleus. The parts entering into the composition of the nucleus are, 1st. A granular membrane, which incloses the humor of the Graafian vesicle; and 2d. A liquid produced by the aggregation of three humors of a different aspect, viz.: a limpid mucosity, clear, though a little oily; a number of small rounded granulations, transparent in their central cavity, and slightly opaque at their periphery, and some oil globules; 3d, and lastly, an ovule floating in the midst of this liquid."

There could be no more beautiful or graphic description portrayed by an author's pen than is here given of the little ovule and its little sac, that soon is to spread out in the grandest

proportions of human life; and it is only a matter of astonishment that medical men and physiologists have not deducted from such descriptions as this more definite conclusions as to the manner in which this little ovule becomes a living, sentient being. It is also a matter of wonder to me that ovologists have not better comprehended or more clearly and correctly shown the vital capabilities of this amorphous, homogeneous, and albuminous nucleus, inclosed, as it is, in albuminous matter, and enveloped in a final albuminous cyst, to assume instinctively, as it were, and independently, too, of all extraneous influences, a primary cellular arrangement, from which all created animal life must spring, and without which it is impossible for animal life to become developed. No anatomist has ever yet shown the precise period in which this cellular arrangement is assumed. It is discovered immediately, or rather its inception is discovered, upon its arrival in the uterus. For my part I cannot discover why it may not begin this primary step during the twelve or fourteen days occupied in its tubal transit. I most firmly believe it does. Who indeed shall say that the orgasm induced during the sexual intercourse may not prove a stimulus, vital as well as merely vascular, to the proper disposition of this primary cellular arrangement, even as it lies imbedded in the ovary, and before the nucleus has become fixed in the uterine cavity? It does seem to me that this orgasm of the ovarian vesicle, this nervo-vascular stimulus, is, in the economy of nature, inscrutable as it may seem, the necessary antecedent to this life-cell development, from which, by successive and progressive developments, the ovule assumes the embryonic life and form that constitute it, after its intra-uterine existence is terminated, a separate and independent being.

I cannot forbear quoting from the language of Duesbury in the "transformations" before extracted from as clearly developing this important part of embryology: "The process we have described and which has been alluded to by Hunter, Home, and Baër, Lænnec, Beclard, Lobstein, Carswell, and several others, is identical with the commencing organization of the embryo." In Druitt's *Modern Surgery*, page 63, edition 1852, by Sargent, will be found the following: "The first step toward development in the structureless jelly of the embryo, and also in the recently effused

fibrin, is the formation of minute granules or molecules, called nuclei or cytoblasts (cell germs), the fibrine or other structureless medium in which they are imbedded being called cytoblastema. The next step is the conversion of the granules into cells, which appear to be effected in several ways." Nucleated cells thus formed are divisible into five varieties: 1st. Those which float in a liquid, as the globules of the blood and pus: 2nd. Those which cohere and form a tissue, as the cuticle; 3d. Those which remain imbedded in a substance formed out of the cytoblastema, as the corpuscles of bone and cartilage; 4th. Those which become elongated into fibres; 5th. Those which are converted into tubes and cavities, as the blood vessels and nerve tubes." I really can discern no reason why the vital processes described in this quotation are not applicable to the ovule, as it lies imbedded in the ovisac, in the ovary of the mother; and I again repeat that there is, during coition or sexual excitement, a nervo-vascular orgasm of the ovary and appendages, extending through and within the ovarian stroma, and expanded upon the ovisac and its germinal inclosures, which nervo-vascular orgasm is a preparatory step to fecundation, and a necessary antecedent to the development of germinal or reproductive cells, which may occur either within or without the ovary.

The language of Cazeaux himself significantly points in this direction. Every primary condition and every elementary principle necessary as antecedents to this early elimination of cell structure may be drawn from his own anatomical description of the ovarian vesicle. The capsule, with its cells and vessels, its villousities and blood ramuscles, its internal layer essentially vascular, the granulations of the nucleus with central cavities, and finally the ovule itself inclosed within, and floating in this granular liquid, each and all conspire to demonstrate the fact from the very time this germinal orgasm is induced, begins this primary arrangement of life cells. This view is greatly strengthened by this enlightened author—that is, the theory of ovarian and tubal cell structures of the ovum—since he has found it necessary to speak of the further development of the ovum as it is effecting its slow but gradual transit through the oviduct, before it can enter its maternal inclosure.

The evolution of primary cells or germinal vesicles, as we may call them, is the first step

toward the development of organic life. This evolution is not produced in the same way, nor does it obey the same laws by which secondary organizations are developed from them. It is primary in its nature, and we can only approach its comprehension by assuming that the amorphous element itself is instinctively endowed with a capability of separating and arranging itself into these primitive cells. All other developments require the stimulus or agency of a vital fluid generally of the blood. But this does not. It is effected without any vascular help, either from itself or from adjacent structures. It assumes to itself the power of affording the vital secretions. As it exists compressed into epithelial tissue, with no vascular endowment, it lubricates with an appropriate secretion the inner surface of the pleura and peritoneum and synovial membranes. The brain itself is thus insured protection from harm by the delicate tenuity of the arachnoid secretion. Who knows but what this delicate and intangible operation of cell-life may in some mysterious way be connected with the evolution of thought?

Thus do I conceive that I have at least made an approach to a correct solution of the etiology and pathology of this important disease. It has always been an enigma of very difficult solution, difficult, no doubt, from the infrequent opportunities afforded of a proper investigation as to its cause, its pathology, or its tendencies. And when opportunities have presented they have seldom been improved to any extent as determining the nature of this mysterious disease. I am surprised at Dr. Cory's otherwise very interesting report, exhibiting no attempt toward a solution of the problem. He refers to no appearances of the amnion, the most important point of such a case. Had he been more particular he perhaps could have answered one or more of his own queries. The same thing may be said of Dr. Liebman's report in a later number of *THE REPORTER*. I hope that Philadelphia, the eye of the medical world, may bear away the palm in the further investigation of the disease, by giving us the first chemical analysis of an excessive quantity of liquor amnii; and add yet another witness to the fact that the amnion itself has been seen in a highly injected state; for I am now satisfied that such is the pathology of the disease.

I am decidedly of Cazeaux's opinion, that when the liquor amnii exceeds a certain

quantity, it is "due to some morbid condition." I think from the considerable experience I have had in obstetrical medicine, that when the liquor amnii is in excess, it will always be found that the child is born more or less feeble, perhaps asphyxiated, from which sometimes it is with difficulty resuscitated; and that when the quantity of water in the cyst is inordinately in excess, the child is invariably still-born, or in some way deformed. I remember very distinctly, now, since my attention has been drawn to this subject, that about three years ago I was requested to attend Mrs. S—, in labor with her second child. She lived about three miles from my town. I noticed her abdomen looked larger than common. After a tedious while the membranes ruptured, and she was delivered of a dead fetus, which presented the first and only case of spina bifida that I ever met during the accouchement. The tumor occurred near the middle of the dorsal vertebræ. The woman made a good recovery; and has since passed through again, but I did not this time attend her. So far as I have been able to learn, there was no return of the disease. I have also seen, more than once, congenital hydrocephalus in connection with too much water of the amnion. Only last winter I was called to the next village, to treat a child about six months old with this disease. I was not present at the accouchement, but the bad health of the lady afforded me an opportunity, which I greatly desired, of being inquisitive. I asked her how she got along, and received the answer I expected, that she was unusually large.

I am led to think that all living deformities, that is of children otherwise healthy, are directly due, if not to a dropsy of the amnion, at least to an excessive quantity of liquor amnii, that is, if such a thing can exist independent of disease. I sat at the breakfast table only this morning with a very bright boy, some twelve years old, Master T., whose mother was visiting my wife. He had no arms, but used a knife and fork with ease between his toes while at table, and could very nicely poise a glass of water to his lips, and help himself as easily as any one at the table. He also writes well. Here an opportunity was presented of eliciting some curious information in respect to this disease, even as I write about it. With appropriate delicacy, and by assuming to know the cause of her misfortune,

I was very politely answered, as I propounded some questions. Her expression, in answer to a question in that direction was, that she "was enormously large, and suffered a great deal." I then explained to this lady, in order to make my inquisitiveness more sufferable, the cause of her accident. She seemed to be greatly pleased with my conversation, for I am satisfied it relieved her mind of a weight of superstition which I did not fail to see was pressing upon her. Thus do I have reasons for believing that all arrests of foetal development are due to this disease. I think it will be hereafter found that club-foot, webbed-foot, hare-lip, and every variety of malformation, monstrosity or arrest of development, will yet be traced to dropsy of the amnion.

The rationale or *modus operandi* of this arrest is easily enough arrived at. A perfectly unimpeded utero-placental circulation, a natural state of the placenta, the funis umbilicalis, the chorion, the amnion and liquor amnii are absolutely essential to the full and regular development of the foetus. Any error here will inevitably retard the development of the embryo. The foetus necessarily relies for its nutrition upon the utero-placental circulation, which has now become in common the source of supply partially to the mother, in so far as the maternal organs are concerned, and exclusively, perhaps, as appropriated to the nutrition of the foetus. If then, any disease or "morbid condition" seize upon the ovum or organs of connexion that attach it to the uterine walls, the future development or well-being of the foetus will be surely compromised; and if such disease be extensive, its viability is at once ended, no matter at what stage of the gestation; or if the disease arise before the period of viability arrives, then the ovum will be destroyed and inevitably expelled from the uterus. If the placenta become indurated, the cord in any way diseased, or the amnion inflamed, the resulting consequences are inevitably impressed upon the foetus; be it hydrocephalus, spina-bifida, monstrosity or deformity, no matter at what stage of the gestation this morbid condition may arise.

There is no essential connection between diseases of the mother and those of the foetus and its organs of maternal attachment. Each may exist independently of the other. The causes of dropsy of the amnion and other diseases of the organs of foetal connection are no

doubt, in most cases derived from and operate through the circulation of the mother after it has entered the utero-placental vessels, and been provided as the chief source of supply, by which the nutritive material is afforded for the future development of the foetus. Some other extrinsic causes, as a fall or blow received, and perhaps mental emotions, may be the exciting cause of such diseases, or even deformities of the foetus; but generally no appreciable cause can be assigned, and the disease originates in the organs of attachment, without the mother at first being made aware that anything unusual has happened; perhaps only expressing herself as feeling unwell. I know from actual observation that the mother may be entirely unaffected, while the most disastrous consequences are in some way entailed upon the foetus. The mother, in the case that lately fell to my care, was not at all affected, but made an extraordinarily rapid convalescence. Dr. Cory says that his patient made a slow but very good recovery. Dr. Liebman states that the lady under his care made an excellent recovery. From these facts, and many others that might be extracted from several authors, it is indisputably established that although the foetus may be deformed and dead, the mother is not necessarily affected, and is as apt, at such a time as this, to make as good a recovery as usual.

But before this disease can finally or appropriately be dismissed, it becomes necessary to refer to its diagnosis, both affirmative and differential, if we would ever arrive at its early detection, or aspire to any well grounded hope of being the instruments of smoothing down *this* pillow of human suffering; or of warding off that mental gloom, sure to envelop as with a dreary pall the life and hopes of perhaps some young and anxious mother, as this tale of sorrow is broken upon her listening yet hopeful ear. These intangible and insidious diseases have ever been the *opprobrium* of our noble art; and it behooves us to arrive at an early diagnosis, in hope that there may be drawn from it a curative as well as a preventive treatment.

All the essential features of the differential diagnosis were present in my case, and abundantly sufficient to establish the true pathology of the disease, namely, *inflammation* of the amnion, as the autopsy of the membranes afterwards incontrovertibly established. The patient herself was affected with no disease;

no dropsy of the peritoneum; and only presented the usual mechanical anasarca of the feet and ankles, and that only very slightly. There may be tenderness and pain over the whole abdomen, evidently affording just grounds to diagnose inflammation of some one or all of the different layers of the sub-abdominal enlargement or uterus. But in what part of this structure was the inflammation located? In its peritoneal, muscular, or internal mucous layer; or, last of all, in the membranes inclosing the fœtus? To begin the development of this point, I asked her how long she had felt this tenderness of the abdomen. She answered, ever since she knew she was pregnant. She distinctly stated she was always very tender; that she was obliged to dispense with skirts. Here then was a grand point arrived at. The disease had its inception during the first month of gestation; an opinion, as before remarked, which no author I have ever read has adopted in reference to dropsy of the amnion.

I have before said, and now repeat, that there was not probably more than two ounces of blood lost to my patient for the first eighteen hours. I stated, also, that when the cord was divided not a drop of blood escaped from its placental extremity. These two circumstances put together was, to my mind, incontestible proof that there was no unusual congestion of the uterus, but rather that there was a much less quantity than usual, and the uterus anemic. Much less could there have been uterine inflammation, or how was it possible for that organ to have so quickly subsided to its proper size and position in the cavity of the pelvis? The disease was then neither congestion nor inflammation, otherwise the subsidence described could not have occurred so quickly. The only structure now left that could have afforded this tenderness over the whole abdomen, was the membrane inclosing the fœtus; for I have before stated that there was no abdominal swelling from a dropsical effusion. Had there been no other evidence that such was not the case, the differential diagnosis reveals the fact. "In ascites complicating pregnancy, the urine is small in quantity, whitish, and turbid, the thirst great and constant, and the lower extremities and genital parts mostly much infiltrated. It is difficult and sometimes impossible to distinguish the shape and fundus of the uterus, on account of the irregular form

of the belly, and the enormous distension of the hypochondriac region. Percussion produces an undulation, or sort of fluctuation, which is much more perceptible at the upper than at the lower part of the abdomen."

"In dropsy of the amnion the size of the belly approaches much more nearly that of a uterus at term, although the pregnancy may not have existed more than five or six months. The uterus is so rounded as to be almost spherical. Fluctuation is more obscure; thirst slight or absent; urine natural, and in some cases little or no infiltration of the lower extremities."

In my patient, diagnostic features of dropsy of the amnion were remarkably and very prominently apparent. The smooth, rounded, tense and unfluctuating abdomen, the clean tongue, the absence of fever, the natural appetite, the normal urine, the absence of thirst, and slight, mechanical swelling of the feet and ankles were, each and all, prominently distinctive in favor of the disease being a dropsy of the amnion.

Thus it will be seen from all that has been advanced that this case of amniotic dropsy was a very remarkable and interesting one in all its bearings upon the pathology of this much controverted disease; and that it evidently had its origin in inflammation of the amnion itself; and not only so, but very particularly from the tenderness on pressure over the uterus that it had its rise in the very first month of the pregnancy, contrary to the opinions of authors generally. But more than this: it has been irrefutably proven that the disease in question may be originated either in the ovary or in the oviduct, during the twelve or fourteen days occupied in the transit of the ovisac, before it enters the uterus. If this demonstration, then, as to the pathology and early inception of the disease be correct, as I sincerely believe it to be, may we not indulge the hope that it will yet be held amenable to some judicious medical treatment? I wish to insist very particularly on the great importance of its very earliest diagnostic sign, the pain and tenderness over the region of the uterus. I call attention to what patients describe as a heaviness or aching in the neighborhood of the womb, as a symptom not to be overlooked or lightly regarded. Perhaps slight rigors or fever may accompany this pain and tenderness. If these symptoms reveal some other disease, as metritis or placentitis,

they are none the less important as diagnostic revelations of the disease in question. In any case such symptoms should at once arrest the attention of the physician, and prompt him to the early treatment of the symptoms themselves. I have no doubt that the earliest indications of the disease are perhaps always overlooked or misunderstood as something that will of itself soon pass away.

In conclusion, I would respectfully urge upon the attention of the intelligent physician the careful study of this insidious and calamitous disease in the hope perhaps that its evils may be averted, or its inception arrested, by which we shall so much enhance the triumphs of our art.

HOSPITAL GLEANINGS.

By JAMES B. BURNET, M. D.,

Newark, N. J.

Case of Delirium Tremens with Pneumonia—Death—Autopsy.

Joseph McMasters, æt., 38 years; a native of Ireland, and a laborer by occupation, was admitted to Bellevue Hospital on Dec. 7th. He is a large, stout man; for several years he has been a hard drinker. When admitted he said he had the "horrors," and that he had for the last few days been drinking about thirty glasses per day. When admitted he showed decided evidences of hard drinking; there was trembling of the hands, tongue, and indeed of the whole body. Skin hot and moist; pulse 100, and rather weak; appetite poor; could not sleep for several nights; bowels regular. Ordered

R. Tinct. cannabis indicæ,
" hyoscyami, aa $\overline{f3ss}$.
" lupuline, $\overline{f3j}$. M.

S.—Teaspoonful every two hours.

Dec. 8th. Found the patient in much the same condition as last evening. Pulse 104; took milk, tea, and beef-tea. At 2 P. M., he was having a decided febrile action; pulse 120 and full. Was ordered tinct. digitalis. At 4 P. M. found the pulse 112. The febrile action being still decided, examined the chest, and found on the left lobe, posteriorly, the fine crepitus of pneumonia; a little dullness existed on that side, with bronchial breathing and bronchophony; right side normal. Discontinued the digitalis, and ordered oiled-silk jacket, and to take of whisky $\overline{f3ss}$, every four hours, and of quinine one grain every two

hours. At 9 P. M. the crepitus continued, and the respiration was fully bronchial; pulse 125; whisky every three hours, and quinine as before.

Dec. 9, 2 A. M. Patient in a semi-unconscious condition. Inspiration noisy and stridulous, and groaning at each expiration. Pulse 120; quinine and whisky every two hours.

8 A. M. Patient appeared much prostrated. Pulse 152. Patient muttering. Inspiration not as noisy. Ordered of whisky $\overline{f3ss}$, every half hour, and of quinine gr. j every hour. Urine drawn off with the catheter exhibited a small amount of albumen. No casts.

11:30 A. M. Appeared to be asleep. Frequent starting of the limbs, and frequent masticatory movements in sleep. Lips and teeth covered with sordes. Occasional coughing. Expectoration adhesive and bloody. Is easily aroused, but immediately lapses into sleep when undisturbed. Pulse, 120, and compressible. Respiration, 24. Respiration over lower lobe of left lung is bronchial, with crepitant rale at the end of each inspiration. Whisky and quinine as before.

Dec. 10th, 10 A. M. Pulse, 120; tongue, dry; some delirium; got up just now of his own accord and went to the water closet. Whisky and quinine have been continued during the night and this morning as yesterday. He appears to be a little better. Ordered by visiting physician that he should have of opium gr. ij., and of quinine gr. iij., every 4 hours, and of whisky $\overline{f3ss}$ every hour. Powder of opium and quinine administered at 10:15.

1:30 P. M. Patient evidently worse; great febrile action; pulse, 134, and very feeble. Ordered whisky to be increased to $\overline{f3ss}$ every half hour.

2 P. M. Pulse, 130.

4 P. M. Pulse, 116; respiration, 26, and stertorous.

9 P. M. Pulse, 140; skin hot and moist; inspiration stertorous. One of the powders administered. Respiration, 30. Whisky continued, $\overline{f3ss}$ every half hour.

11 P. M. Pulse, 126; very weak; respiration, 30; stertorous; skin hot and moist.

Dec. 11, 3 A. M. Patient evidently sinking. Respiration, 24, stertorous. Pulse, 144.

8 A. M. Quinine and opium and whisky kept up during the night. Patient continued

to sink, and died quietly at half-past six this morning.

Autopsy 32 hours after death.—Rigor mortis well marked. Body well nourished. Slight sallow tint of the skin. Very firm adhesions between pleural surfaces on both sides. Both lungs very much congested, and the lower lobe of the left lung in the second stage of pneumonia. Heart normal. Liver much enlarged and of a mottled yellow color; weight five pounds and seven ounces; evidently fatty. Kidneys enlarged, weighing seven ounces each, both fatty. Spleen congested and softened. Brain not examined.

DYSENTERY.

CASE I.—Dennis Fitzgerald, *æt.* 45; married; a native of Ireland and a laborer by occupation; was admitted to Bellevue Hospital on Oct. 2d. Constitution, good; habits, intemperate; no evidence of an hereditary predisposition to tuberculosis. Two weeks before admission he got his feet wet, took cold, and his bowels became irregular. He has now ten or twelve passages a day, small in quantity, tinged with blood, attended with tenesmus. Ordered

R. Liq. ferri pernitrat., $\mathfrak{z}\text{ij}$.
Tr. opii camph., $\mathfrak{f}\mathfrak{z}\text{ij}$. M.
S.—Teaspoonful four times a day, and injections of ice water with gr. ss. of aqueous extr. opii.

Oct. 7th. Stools lessened in frequency, and without blood. Continued treatment.

Oct. 12th. Stools rather liquid, appertaining more to diarrhoea. Ordered tannin gr. ij , and opium gr. j , three times a day.

Oct. 16th. Discharged; cured.

CASE II.—Henry Fielder; single; *æt.* 47; a native of Germany, and a butcher by occupation, was admitted to Bellevue Hospital on Oct. 16th.

Constitution, robust; habits, intemperate. Five weeks before admission, after exposure to cold, his bowels became irregular; had as many as twenty stools a day, consisting almost entirely of mucus and blood. With this, he says, there was an increase of appetite, which he did not fail to gratify, and at night fever and sweat came on. He received treatment from Dispensary prior to admission, and improved slightly.

Present Condition.—Has on an average ten passages a day, and is obliged to rise two or three times at night; stools small, and mucus streaked with blood, attended by tenesmus, and at times slight cramps. Appetite, good; pulse, natural; tongue, coated.

Treatment.

R. Liq. ferri pernitrat., $\mathfrak{z}\text{ij}$.
Tr. opii camph., $\mathfrak{f}\mathfrak{z}\text{ij}$. M.
S.—A teaspoonful every three hours, with injections of the aqueous extract of opium.

Oct. 24th. Stools diminished in frequency; blood disappearing.

Oct. 31st. Evacuations more natural and greater in quantity. Discontinues the iron for two days, and *ol. ricini* $\mathfrak{f}\mathfrak{z}\text{ss}$. with tr. opii gtt. xxx ., substituted once a day, after which the first prescription resumed.

Nov. 7th. Dysentery does not seem to yield; patient is probably indiscreet in diet, and exposes himself; has four or five stools a days, with blood. Ordered the following pill three times a day:

R. Argenti nitrat., gr. t .
Plumbi acetat.,
Pulv. opii., aa gr. ss. M.

Nov. 16th. The liq. ferri pernitrat resumed; stools more natural; has been vomiting, probably from overloading stomach; complains of slight catarrh.

Nov. 21st. Discharged; cured.

PUNCTURED WOUND OF THE FOOT WITH A NAIL—DEATH OF THE PATIENT.

By J. T. DAVIS, M. D.,
Of Laconia, Indiana.

I was called, Sept. 2, 1870, to see Mrs. M., *æt.* 55 years; on arrival I was informed that on Monday previous she had stepped upon a large nail when barefooted; it had entered the foot between the first and second metatarsal bones. The wound was an inch and a half in depth, and on the withdrawal of the probe dark-green, thick pus followed in small quantities. On the dorsal side of the foot opposite the wound, a black, greenish-looking spot was discovered, about the size of an old copper cent. The whole foot was badly swollen and very painful; the pain and soreness pervaded the entire foot with exception of the spot referred to; this was void of feeling. This spot had not been noticed but a short time before my visit to her. I found the wound covered with the fresh leaves of stramonium; these had been applied by the direction of a neighboring physician, who had previous charge of the case, and who had pronounced the wound a very slight one.

Before the stramonium leaves were applied she suffered greatly with intense pain in her

foot. Soon after their application the pain of the foot began to leave her, and she commenced to complain very much of pain in the chest, with great difficulty of breathing. She was in this condition when I first saw her; in addition to this the pupils were dilated considerably; pulse rapid but weak, and an uneasiness in the stomach, with a disposition to vomit.

Treatment.—Ordered a warm poultice of flaxseed to wound; another poultice of hops to chest. Internally to take the pil. opii camph., U. S. P.; one every two hours, if required, to relieve pain; also quinine and whisky, with a liberal diet of soup, etc. Saw her again at night; found her worse, the distress in the chest increasing. Prognosis unfavorable. Continued treatment.

September 3d. Visited her again. Found her sinking fast; she had been delirious for some time. She died in half an hour after my arrival.

There is a point in this case that I wish to inquire about, viz.: the cause of her death. Was it caused by reflex action of the nervous system, *i. e.*, by the pain being transferred from the foot to the chest? Or, did the stramonium have a poisonous effect on the wound, and this being carried to the stomach, etc., cause death? No symptoms of tetanus had ever appeared. Her hygienic surroundings were very poor, and she had received very indifferent attention.

I incline to the opinion that death was caused by the transference (or metastasis) of the pain in the foot to the organs of the chest. In concluding this report I desire to ask whether this is a common way for such cases to terminate. If I am wrong in my opinion in regard to the cause of this woman's death, I shall be pleased to be set right by some of your numerous readers.

A CASE OF TETANUS.

By H. L. W. BURRITT, M. D.,

Of Bridgeport, Conn.

Mr. W. H., æt. 50; light complexion; tall; well formed, mason by occupation; accidentally shot himself while loading a gun. The outer edge of the left hand resting on the top of the barrel, the whole charge of small shot, entering at the lower third of the fifth metacarpal bone, passed directly through trans-

versely and out between the thumb and first finger. The metacarpal bones were fractured and comminuted. The shock was not very severe, and he rallied well. The swelling was great, and constant pain, relieved by Dover powders, grs. x., every four hours; muriate ammonia, ℥ss; morphia, grs. x.; diluted alcohol Oj. M.; for local application. Carbolic acid, grs. v., water ℥ij, was used once a day. After the third day, suppuration not being evident, warm poultices were applied frequently, and the wound being open, was syringed every day with warm water and acid carbolic, grs. vj.; water Oj.

7th day. No suppuration; discharges dark and free; pain less; but still the hand was very sensitive. Patient complained of some stiffness about the neck. Dov. pow., grs. x.; morphia, gr. ½; tart. antimony, grs. ij.; M. one powder to be given every fourth hour.

8th day, 7 o'clock in the morning. Patient rested tolerably well; but now the spasm appears established in the jaws, and very slight opisthotonos, at intervals of half an hour. Oil of turpentine applied over the whole body constantly, and morphia, gr. j., antimony, grs. ij.; every two hours. Pulse, which had not exceeded 70 before, beat at 120, but weak; free perspiration; great difficulty of swallowing; bowels not moved for 36 hours; nor was there nausea, notwithstanding a drachm of antimony had been taken in 48 hours. Mind perfectly clear when roused by the convulsions.

7 o'clock P. M. The spasms have increased, despite a perfect narcotism; chloroform was now used to alleviate the great agony; it would relax the whole system in less than a minute. Turpentine stupes and hypodermic injection of morphia continued; deglutition lost. The patient lay with contracted pupils in deep slumber, with the mouth open, snoring, profuse perspiration; countenance calm, but in about ten minutes would be instantly awake; the jaws close with a snap, and the body rests on the head and heels in a perfect curve; the face would be horrid in its sardonic grin, and the chest like iron under the hand; chloroform, and perfect relief would follow, and the deep stertorous sleep be resumed; pulse, 140 and weak. Watched closely; the chloroform controlled the spasms for the interval of about ten minutes, until 3½ o'clock A. M., when he was seized by a tremendous convulsion, instantly stopping all respiration and action of the heart, and the man was dead.

without one gasp or perceptible motion. Stimulants and quinine were given from the first, as the patient had suffered from partial paralysis two years before. On the access of bad symptoms the wound was roused to active inflammation with antimony, but with no result. Early in the stiffness of the neck $\frac{1}{4}$ gr. of strychnia was given, but the difficulty was so evidently and immediately aggravated that its repetition was not dared. *It did not diffuse as claimed, but concentrated the spasm more in the throat.* One peculiarity of the case was the instant stop of the heart beat, which continues, in most cases, for some minutes after respiration has ceased.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

Wednesday, Sept. 14th, 1870.

Clinical Service of F. F. MAURY, M. D.,

One of the Surgeons to the Philadelphia Hospital—
Lecturer on Cutaneous and Venereal Diseases
in the Jefferson Medical College, etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

White Swelling.

GENTLEMEN:—Those of you who were present at my clinic, some three months back, will remember an operation I performed upon this boy, and the remarks I made upon the pathology of his case. He labored under a sub-acute affection of the joint structures. Exquisite pain resulted, as is always the case, from the pressure of matter under the fibrous structures of the part; more pain than similar pressure under muscular, areolar tissues, etc. Before the operation, under the patella, and over the condyles, were excessively sensitive points. All this has now disappeared, and you see what pressure I can make, and yet the patient complain of no pain. At the time of my operation I cut the ham-string tendons to put the joint at rest. I striped, counter-striped and eschared the swelling with a hot iron. Then the limb was splinted and poulticed, and kept at rest. You see the result. The man's limb is straighter, free from pain, and his whole condition improved. Under chloroform we will have the leg moved once a week until it becomes perfectly straight. If you do not give chloroform, the reflex spasm of the muscles will work against you. In private practice a McIntyre's splint would here be applicable.

Melanosis.

This man is a German, et. 46 years. I had him before you last May, when I described this affection as melanosis or black cancer. (Case reported, with drawing, in the June 4th No. of the REPORTER,

pp. 474, 475—R. M. T.) This form of disease frequently originates about the eye. It often is a secondary result of operating upon other forms of cancer, as colloid, scirrhus, encephaloid, etc. This mass protruding from the orbit is blackened by an aggregation of the coloring matter of the blood. It is very vascular and prolific of cells. Langenbeck, of Berlin, proceeds in cancer of the orbit, in a manner which I proposed to this man months ago; but he would not submit to an operation. Langenbeck raises a trap-door flap over the malar-bone, which latter he disarticulates. Then he works his way back to the speno-maxillary fissure, cuts from the rear forward, through the antrum, and removes the orbital plate of the superior maxillary bone, and all surroundings that seem implicated by the disease. The operation is bloody, and the resulting wound ghastly. The disease has progressed too far in this case to think of an operation now, and sooner or later the man must inevitably die. An operation would not have saved him originally, but it would have given him a more agreeable respite, particularly in view of his surroundings. He has been in the hospital during all the excessive hot weather through which we have so recently passed, and notwithstanding our precautions, the maggots got into the growth, and his hair and beard became infested with lice. Strong carbolic acid removed the first of these, and shaving, cleansing, and trimming the hair, the latter.

In conclusion let me say, whenever you decide to operate in these cases, operate early.

Stone in the Bladder.

This patient was also before you last spring for the purpose of having urinary calculus crushed.

Sir Henry Thompson successfully crushed a stone in the bladder of the King of Belgium, and was knighted therefor. His monograph on the subject of stricture, crushing, etc., is well worth your perusal. Foreign substances in the bladder may be removed in two ways: 1st, by crushing them within the organ so that they may pass out with the urine through the natural channel; or 2d, by cutting directly into the bladder, and removing them whole. I do not cut this man, because he is old and weak; has a vesiculated bladder, and an enlarged middle lobe of his prostate gland. Sir Henry Thompson lays down the principle that you must cut before the age of fifteen years, and crush after that time. This statement I think a little too broad, and I saw the fallacy of it in a case of my own, in private practice, in the northern portion of the city. I crushed in the case of an old man who had an oxalate of lime calculus. Under the pressure of the instrument it split into two pieces, the pain from the sharp edges of which was much worse than from the stone in its entirety.

This man has also ammoniacal urine, and you

can see from the specimen in the tumbler that it contains mucus and pus. This man has a soft stone. Before operating have the patient retain from 4 to 6 oz of water, and if he cannot do it, tepid water must be gently injected into the bladder. Then we introduce our sound as a searcher, and having as far as possible located the stone, we introduce our lithotrite. It requires the most delicate manipulation while in the bladder. No striking of the handle to jar the stone within the blades of the instrument is allowable. After introducing it open the blades and then close them. Should the stone not be grasped, describe an arc of a circle laterally, and repeat the procedure. Finally drop the blades into the bas-fond of the bladder, and if the stone is not then grasped, withdraw the instrument, and defer further operations until a future day.

(After following these manipulations as directed, and only succeeding in grasping the surface of the stone, Dr. M. withdrew the instrument, proposing to repeat the operation at the following clinic.—T.)

MEDICAL SOCIETIES

CINCINNATI ACADEMY OF MEDICINE.

September 12, 1870.

Report on Pharmacy.

BY J. S. UNZIKER, M. D.

(REPORTED BY J. W. HADLOCK, M. D.)

Pepsin.

It is due to the valuable experiments lately conducted by Mr. Emil Scheffer (Pharmaceutical Chemist of Louisville, Ky.), that we now possess a better knowledge of this remedy, as well as how it should be prepared. No wonder that many observant physicians have always contended there was no therapeutic value in the wine of pepsin. Their conclusions were right, for Mr. Scheffer has clearly proven that the alcohol contained in the wine destroyed the pepsin. (*Amer. Jour. Phar.*, 1870, p. 97.) Consequently no effects can be expected from a solution of pepsin in a solvent containing alcohol. Neither have I much faith in the dry pepsins, owing to its being mixed with half starch, which is apt to turn musty by the least attraction of moisture.

The gastric juice containing hydrochloric acid induced Mr. Scheffer to adopt the more rational plan of preparing his liquid pepsin by using that acid and glycerine. [Dr. Unziker here presented a specimen of the preparation to the Academy, as prepared by Dr. Scheffer.]

The glycerine in this case not only acts as a preservative, but undoubtedly also produces a soothing effect on the irritated mucous membrane of the stomach. The dose is from one to two teaspoonfuls after each meal, in cases of dyspepsia, indigestion, and vomiting of pregnant women. I am informed

that the liquid pepsin so prepared has given entire satisfaction to many of the Louisville physicians who have prescribed it. It is my opinion that the profession have heretofore been greatly deceived by the so-called wine of pepsin, usually made from the *rennet* instead of the pepsin proper, and the little good they have seen may have been more owing to the slight stimulating effect of some "old sherry" than anything else.

Rennet is made from the fourth stomach of the calf, and it is very doubtful whether identical with pepsin or not; because it has been proven that the most powerful pepsin is found in the carnivora, and next to them in the omnivora. C. Schmidt has demonstrated that the gastric juice of the dog dissolves from five to six times more albumen than that of the sheep, and Claude Bernard's experiments have also given similar results. Mr. Scheffer is still engaged in further researches on this subject, and I hope may soon be able to tell us what relations, if any, rennet bears toward pepsin.

Incompatibility of Quinine and Veratrum Viride.

Dr. Bradley, of Marys, Ohio, reports that when a patient is under the influence of veratrum viride, it is highly dangerous to administer quinine. The effects are most alarming—immediate sinking and irregularity of the pulse, which in some instances reaches collapse. He ran great risk of losing three patients before he became aware of the actual cause.

Carbolic Acid Poisoning.

Dr. Wallace, of Liverpool, publishes an interesting paper on this subject in the *British Medical Journal*, in which he states that the most constant symptom is black urine. The urine does not become opaque; sometimes it is perfectly bright and rarely contains albumen. It has been proved that this occurs in an equally marked form, whether tar or some colorless preparation of it be the agent employed. It has been noticed over and over again from carbolic acid.

Glycerine.

I recommend to the profession the use of this article instead of syrups when prescribing medicines in a liquid form. My reasons are: that it possesses great solvent powers, and mixes well with most substances; that it acts as a great preservative to the medicine by preventing fermentation and decomposition; that in the practice of children especially, it counteracts fermentation in the stomach, acts as a nutritive, and thereby greatly diminishes irritation in the alimentary canal. It has no superior as a vehicle for giving acid substances, such as tincture of gualac, turpentine, ammonia, chloroform, acids, etc. In prescribing glycerine for internal use, only the very best ought to be used, as an inferior, impure article would only produce adverse results.

EDITORIAL DEPARTMENT.

PERISCOPE.

Chloral in Parturition.

The following are the conclusions arrived at by Mr. E. LAMBERT, after an extended use of chloral in parturition, published in the *Edinburgh Medical Journal*:

1. Chloral is an agent of great value in the relief of pain during parturition.

2. It may be administered under favorable circumstances during and at the close of the second stage, with the result of producing absolute unconsciousness in the same sense in which we understand unconsciousness under chloroform.

3. When thus given successfully, it has this advantage over chloroform, that it requires no interference with the patient.

4. It is desirable to retain chloroform in the position which it at present occupies in midwifery, and to reserve for the agency of chloral the first stage of labor. If, however, chloral or some agent having analogous properties is found successfully to relieve the pain of uterine contraction, the use of chloroform will be restricted to a later period of the duration of labor, or to the facilitation of manual or instrumental interference.

5. It is demonstrated that a labor can be conducted from its commencement to its termination without any consciousness on the part of the patient, under the sole influence of chloral.

6. The exhibition of chloral in nowise interferes with the exhibition of chloroform.

7. The proper mode of exhibiting chloral is in fractional doses of grs. xv. every quarter of an hour, until some effect is produced; and according to the nature of that effect the further administration is to be regulated. Some patients will require doses of $\mathfrak{z}\text{ij}$.; and it is better to produce an anæsthetic effect by $\mathfrak{z}\text{ij}$. given in the space of two hours than by $\mathfrak{z}\text{j}$., given singly.

8. The effects of chloral are continued beyond the period of completed parturition, and the repose experienced by the patient after her labor is one of the favorable circumstances to be noted in considering its application to childbirth.

9. Any stimulating effects, in the form of general excitability, occasionally observed during the administration, have passed away very rapidly.

10. Chloral not only does not suspend, but rather promotes uterine contraction by suspending all reflex actions which tend to counteract the incitability of the centres of organic motion.

11. Labors under chloral will probably be found to be of shorter duration than when natural, for unconscious contractions appear to have more potent effects than those which are accompanied by sensation of pain.

12. Experiments are required in order to determine whether there exists the same antagonism between ergot and chloral as is known to exist between strychnia and chloral.

13. The general conditions under which chloral is to be administered are the same as those which regulate the administration of chloroform, and the rules laid down by Sir James Simpson in connexion with this subject must be rigidly adhered to.

Use of Mustard in Hiccough.

In the *Siglio Medico*, Dr. JAUARIZ reports a curious case of obstinate hiccough cured by the internal administration of an infusion of mustard. A Spanish physician was seized, while convalescing from a gastric fever, with obstinate hiccough, which gave him no rest. For sixty hours, the patient was treated with antispasmodics, narcotics, ipecacuanha, and revulsives, without effect. He then besought his wife to give him some linseed tea—she by mistake gave him an infusion of mustard. Of this the patient drank a cupful at once, and was surprised to find his hiccough cease, not to return. This physician profited by the lucky mistake of his wife, and subsequently treated with success many obstinate cases of hiccough. The dose which he employed was one teaspoonful to four ounces of boiling water. The author of the article in the *Siglio* had also successfully employed the infusion of mustard in three cases of obstinate hiccough which had already lasted many days. In the *Gazette Medico-Chirurgicale de Toulouse*, a case is related of a governess who had been treated for hiccough during twenty days with every variety of antispasmodic—ether, belladonna, valerian, etc.; laudanum was the only thing which gave any relief, and enabled the patient to retain some nourishment. At last, recourse was had to the infusion of mustard: one teaspoonful of flour of mustard was infused for twenty minutes in about half a pint (250 grammes) of boiling water, it was then filtered, and given to the patient, who swallowed it at one draught. The troublesome affection ceased at once and never returned. Cases of obstinate hiccough are sufficiently frequent and intractable to make practitioners grateful to us for pointing out to them a remedy so efficacious and so handy as infusion of mustard seems to be. The editor of the

Edinburgh Medical Journal says of this: Of many obstinate cases of hiccough we have never seen one cured: they all wore themselves out. We are aware that this was also the experience of one of the most widely-employed consulting physicians of recent days. At the same time, obstinate hiccough, in certain circumstances, and under certain conditions, is readily produced by local irritants: a piece of dry bread will often bring it on; and there is no reason why such a merely local stimulant as mustard should not prove curative. We recommend its employment to our professional brethren.

On the Employment of Carbolic Acid in Variola.

M. GODEROY, Professor of Midwifery at Rennes, has recently employed carbolic acid in three cases of variola; he employed it both externally and internally. Internally, one part of carbolic acid was added to one hundred and twenty-five of dilute mucilage (*potion gommeuse*), and a teaspoonful given every two hours; externally, the surface of the body was sponged every hour with a solution of one part of carbolic acid in five hundred of water. Beef-tea (*potages*) was the sole nutriment allowed; and the result in all three cases was sufficiently encouraging; in all there was neither suppuration of the pustules nor secondary fever. One was an adult, unvaccinated; another a young man of seventeen, successfully vaccinated in his youth; and the third, an infant of eighteen months. The latter was the only one who had any difficulty in taking the potion; in her the smallpox commenced in the beginning of May, and all the pustules were dried up by the 12th of May. We find the above in the *Edinburgh Medical Journal* from the *Revue de Thérapeutique Médico-Chirurgicale*.

Treatment of Hip Disease.

In the September number of the *Pacific Medical and Surgical Journal*, Dr. C. CUSHING, of Alameda, Cal., gives some cases of this disease, and precepts for its treatment. We make the following quotation:

The first case was evidently one of coxalgia, in its first stage. I found the child suffering incessant and severe pain, she having slept but little the night before. I at once had prepared a firm bed upon a settee, and elevated the foot of the mattress about fourteen inches; and then, after applying strips of adhesive plaster to the leg below the knee, made extension by means of a cord, weight and pulley—the body acting as the counter extending power.

The course adopted acted like a charm for in less than two hours all acute pain had ceased, and she began playing with her toys, and never afterwards did she have pain enough in the limb or hip to cause complaint.

The weight which consisted of a bag of sand was at the commencement about five pounds; but it was very much diminished after the first few days, and was discontinued at night after the first fifteen days. The local application consisted in painting the hip every day with tinct. iodine until the skin was tender, and then suspending for a few days.

All tenderness about the hip subsided in three weeks, and at the end of five weeks I allowed her to get up and go about on crutches.

The muscular tissue of the affected limb became atrophied, and the temperature was several degrees lower than that of the sound limb. She moved about the yard freely on her crutches, but there was an inability to raise the foot from the ground.

She remained under my observation for about six months, during which time electricity, warm fomentations to the leg, frictions with a coarse towel, and stimulating liniments, made up the course pursued. At the time she passed from under my notice the limb was steadily becoming warmer from the hip downward, and the surface more sensitive; in fact the parts became so sensitive that I was compelled to discontinue the electricity.

There was no hereditary tendency to strumous disease.

The constitutional treatment consisted of *syrr. ferri iodidi*, given in five-drop doses, three times a day for ten days and then withheld for a few days.

There was no return of pain or tenderness after the first two weeks of the treatment.

The points to which I would call the attention of the Association are the following:

1st. That perfect rest, as near as possible, is of the first importance in the treatment of hip disease at whatever stage.

2d. The best way to secure this is by moderate extension, by means of a simple weight and pulley.

3d. That by this means the opposing diseased surfaces are kept asunder, and by the same means the patient is allowed to shove about on the bed quite freely without aggravating the disease of the joint.

It is surprising to see how well children will bear confinement to a bed in the manner I have indicated, and how readily they accept the situation when they are free from pain.

I think that a tonic course of treatment is demanded in every case at whatever stage; and I am a firm believer in the virtues of counter-irritation in this disease, thoroughly applied.

Inversion of the Uterus.

The *N. Y. Medical Gazette* has the following: Dr. W. H. BYFORD relates, in the *Chicago Medical Examiner*, a case of inversion of the uterus reduced

by means of elastic pressure. The patient was a woman, aged 22, in whom a third labor was followed by relaxation of the womb and much hemorrhage. Affairs progressed favorably enough, however, until one day, about five weeks after the delivery, "while sitting on the vessel, vomiting, she experienced slight tenesmus, and felt something pass out between the labia." After some weeks of treatment by sitz-baths and astringent injections, she was seen by Dr. Byford, who found the uterus "about the ordinary size of the unimpregnated organ, and inverted, all but the vaginal portion of the cervix. The density of the anterior walls and cervix seemed rather less than natural." The mode of treatment adopted is thus described by the author:

After lifting up the uterus as much as I could with two fingers, I placed an elastic bag under it, so as to make pressure upward and slightly forward in the direction of its axis, and filled it with tepid water, until the patient complained of severe, inconvenient pain from distension. She was directed to remain in bed, and the instrument left in place until the next day. The water was then allowed to flow out, and the parts examined. I could discover no change in the condition of the uterus. The bag was again filled, and the distension made as great as the patient could well bear. Upon emptying again, on the third day, relaxation of the cervix was quite evident, and I felt encouraged to expect success. On the fourth day the relaxation was so decided that the fundus could be almost passed up into the os with the fingers. On the fifth day, when the water was again allowed to flow off, the uterus was found to have returned to its natural position. The patient was directed to remain in bed still, and the instrument removed from the vagina. On the sixth day I passed my probe through the os uteri, two and a quarter inches, showing that the fundus was thoroughly restored to its shape and position. The patient remained in bed for two days more, and then gradually resumed her exercise until, on the 22d of June, she attended the wedding of one of her friends.

Arsenic in Irritative Dyspepsia.

Dr. J. C. THOROWGOOD, in the *Practitioner* speaks highly of the action of arsenic in many diseases of the stomach. He has found that one drop doses of Fowler's solution in half an ounce of infus. calumbæ had the effect, in a case he treated, to allay the pain, to stop the vomiting of the food, and to enable the patient to eat and digest small quantities, of mutton. He states that the small irritable tongue, with projecting papillæ and yellow or grey fur, indicates arsenic. The more purely local the gastric symptoms, the better is the chance of arsenic doing good.

Reviews and Book Notices.

NOTES ON BOOKS.

"The alleged malpractice suit of Walsh, vs. Sayre," makes a pamphlet of 190 pages octavo. It is of more value than a mere defence of an individual surgeon's reputation; it establishes some important points in medical law. As one of Dr. Sayre's friends says:

"It is worth the while to know that a Court can, and will order an examination of the patient by a board of unprejudiced surgical experts at the time the case comes into Court. It is even more satisfactory to know that a groundless suit, instigated by malice, cannot be undertaken with impunity, but that the plaintiff, may be properly punished by the infliction of extra and unusual costs upon him by the Court."

BOOK NOTICES.

Transactions of the Homœopathic Medical Society of the State of New York, for the year 1869; vol. vii., Albany, 1869. Pp. 808.

We have examined the above volume with considerable interest, and must say that it does credit to the industry and reading of the homœopathic physicians of New York. It is needless to say that a large part of it is, in our eyes, of no more value than dissertations on the philosopher's stone, or judicial astrology. That is understood. Nevertheless, there are several articles in it which contain valuable results of observation. Chief among these is the very thorough essay by Professor E. M. Hale, of Chicago, on the poisonous potato bug, (*Doryphora*), which has recently invaded the potato fields of Illinois and adjacent States from Colorado and the West.

The articles on "provings" and "pathogenesis," are to us foolishness. The directly militant ones, such as "The Drift of Modern Medicine," by Dr. Pope, and "The Origin and Present Status of Homœopathy," by Dr. W. Boyes, have the usual amount of assertion and usual weakness of fact. We heartily endorse what the latter says in small capitals, p. 377: "There ought to be no sect, neither allopath, nor homœopath, in medicine, but only physicians." We have often called the attention of homœopathic physicians to the fact that so-called "regular" physicians are *not* allopaths, that is, they do *not* hold to the Galenic doctrine *contraria contrariis*. They deny that scientific observation has as yet established this or the converse doctrine. Now, in face of this notorious fact, how can *honest* homœopaths continue to assert that any scientific physician advocates any particular sect or exclusive dogma?

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 1, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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ALLEGED YELLOW FEVER IN NEW YORK.

Several cases of death have occurred within the last week in New York City attributed to yellow fever. Dr. MOREAU MORRIS, however, who is City Sanitary Inspector, denies that such is the character of the disease. He says that post mortem examinations upon their bodies gave satisfactory evidence that the disease was not “yellow fever.” In order to ascertain all the facts connected with these cases, and, if possible, the source of the disease, minute inquiries were made.

The general symptoms of the disease presented by those attacked were chill, fever, diarrhoea, vomiting, slight jaundice, brown coated tongue, urine of a dark color, which, under the microscope, presented no casts, blood or albumen. The average duration of the disease in fatal cases was less than a week. The last death occurred on the 17th ult. Eight cases were still remaining in the hospital (all convalescent) on the 18th ult., the date of the last inspection. No new cases had been admitted since the 12th ult. Careful investigation failed to discover satisfactory evidences of the cause of this epidemic.

All the facts concerning the four fatal cases which have occurred in the city clearly show that these persons had been directly exposed to the same endemic influences on Governor's Island, which had caused the disease there prevailing.

The premises where these fatal cases occurred in New York have been kept under the closest observation. No subsequent cases have been developed among those who were in their attendance upon these persons during their illness and death in the city.

Various opinions have been expressed by those of the medical profession who have been conversant with the facts connected with these cases, some classifying it as malarial bilious, and others as pernicious remittent and typhus fever.

Whatever may be its special nomenclature, the fact is established beyond doubt that it is not “yellow fever,” or a disease of a contagious character.

It is probably the jaundice which leads non-medical observers to suppose such cases are yellow fever. Undoubtedly that much dreaded disease has been at the doors of this city and New York during the summer, and is now quite severe in New Orleans and parts of Cuba, and in Spain. We need, therefore, to be exceedingly cautious, and wherever there is a doubt, to take the utmost precautions.

Notes and Comments.

Foundlings.

Dr. A. Jacobi has published, through the Bellevue Hospital printing office, a pamphlet of 43 pages entitled, "The Raising and Education of Abandoned Children in Europe, with Statistics and General Remarks on the subject." It is a valuable addition to our knowledge of the subject, and sets forth in strong colors the improvement in our manner of caring for infants in public institutions. Speaking of one of the best establishments in this country, he says:

"The worst features of the European foundling bells of former centuries are not more fearful than ours, and although being an officer of that institution myself, and believing that I and all the rest of us have conscientiously tried to do our duties, I cannot but testify and bow down to the truth, that in spite of all the efforts of the medical staff, and the painstaking of the kind-hearted and self-sacrificing ladies, the probability of the lives of children entrusted to a public institution is very slim indeed. The younger the children, and the larger the institution—the surer is death."

Treatment of Infantile Diarrhoea.

Dr. R. W. Foss says, in the *British Medical Journal*, of Sept. 3rd: As the treatment of infantile diarrhoea is of some interest at present, I send you a short account of some trials I have been making lately of an old remedy—the gum Arabic. I have used it now either as mucilage or powder in some thirty or forty cases, varying in age from a few days to several years. I have no details of the cases; but can say that, since I began to use it, I have no deaths.

There are three forms of infantile diarrhoea common at present. 1. Green stools, usually complicated with vomiting; 2. Simple diarrhoea, with very fecid stools; 3. An almost constant involuntary discharge *per anum* of a pure fluid. In the first and third of these forms, a little grey powder added, in the proportion of one part to twenty of powdered gum Arabic, and given in doses of five grains, has a rapidly beneficial effect. In the other form, mucilage, one part to three of water, is all that is required. The good effects of the mucilage can only be attributed to its mechanical action on the mucous surface of the bowel, sheathing it, so to speak, and allowing the acrid vitiated juices to pass away.

Woman's Medical College in Chicago.

The medical college for women, in Chicago, has now, we learn, fully completed its organization. It

is called the "Woman's Hospital Medical College," and it proposes to give a full course of lectures during the coming winter. Most of the instruction is to be carried on in the hospital building, No. 402 North State street. Dr. W. H. Byford is President of the Faculty, and Dr. T. D. Fitch, No. 206 West Monroe street, is Secretary, who can give any information desired.

New York College of Pharmacy.

We would call the attention of our readers to the card of the New York College of Pharmacy in another column. It has an excellent Faculty, and New York offers unusual facilities to the student of pharmacy. Practical pharmacy is too much neglected by medical students, who frequently have to compound their own medicines, and if they do not, should know *how* it is done. Every student of medicine should take a course in practical pharmacy.

Maxims of Success.

The celebrated Scotch surgeon, JAMES SYME, who died last June, used to give his students the following maxims to insure success in practice:

1. Never look surprised at *anything*.
2. Before stating your opinion of a case on your second visit, ascertain whether your previous directions have been complied with.
3. Never ask the same question twice.

Enlarged Tonsils.

A writer in the *British Medical Journal* says, that a professional friend of the highest eminence in Dublin assures him that he finds sulphate of potash, administered daily for a month or six weeks, almost a specific for enlarged tonsils in children, the result of delicacy. He gives from five to fifteen grains every morning, with a small quantity of rhubarb and an aromatic. The dose should be such as to produce mere laxity of the bowels, and should be at once diminished if it produce purging.

Surgeons' Hall and the Lady Students.

At a meeting of the lecturers of Surgeons' Hall, Edinburgh, the following resolutions were passed, on the motion of Dr. Arthur Gamgee, seconded by Dr. Macadam:—"1. That it is expedient that lecturers in this medical school should be free to lecture to female as well as to male students. 2. That no restrictions be imposed upon lecturers as to the manner in which instruction is to be imparted to women." The lecturers were authorized to make what arrangement they considered desirable to carry out these resolutions, either by separate class or in mixed classes.

Correspondence.

DOMESTIC.

A Fact Worth Knowing—Hemlock a Rat-proof Wood.

EDS. MED. AND SURG. REPORTER :

It is well known that the brown rat, or *Mus domesticus* of the zoologist in the most pestiferous rodent inflicted upon the commercial world. It will cut its way through pine or oaken plank, with the facility of a ship-carpenter. It is the pest, alike, of merchants, importers, grocers and farmers. The sum of its combined ravages, estimated in dollars and cents, since its introduction into the United States, would materially diminish our National debt of to-day if not entirely liquidate it.

Being surrounded by these animals, I found it necessary to keep fruits, butter, cheese, and other articles in boxes made of hemlock, not the *conium* of the botanist, but the *abies canadensis* of the arborist. In these boxes I could keep the most toothsome delicacies in the cellar with impunity, even though the box afforded free ventilation which, in many cases, is highly necessary.

To test the matter still further, I made a box of dry hemlock boards, perforating each end of the box with a 7-8 inch circular hole. Into this box I put a large healthy rat, caught in a hemispherical wire trap, nailed it up securely, put it in a dark, quiet place and awaited the result.

On inspection at the end of 24 hours, I found he had scarcely more than touched the wood. I returned the box, leaving the rat to his cogitations, which horn of the dilemma to choose.

At the end of forty-eight hours I made him another visit. He had evidently come to the conclusion that remaining inactive was to strand upon Scylla, while the effort to buy his liberty could do no worse than wreck him upon Charybdis. He had enlarged the hole sufficiently to get his head out, in which condition I found and dispatched him on the third morning of his incarceration.

A. D. BINKER, M. D.

Parker's Landing, Pa., September 19th, 1870.

A Striking Coincidence.

EDS. MED. AND SURG. REPORTER:—In the *Journal of the Gynecological Society of Boston* for August is a sermon on the death of Sir James Simpson, by Rev. JAMES B. DUNN. A portion of that sermon may be found in a discourse on "The Sacredness of the Medical Profession: a sermon delivered be-

fore the students of Jefferson Medical College, and the Medical Department of the University of Pennsylvania, Sabbath evening, November 10th, 1865, by Rev. E. R. Beadle, Pastor of the Second Presbyterian Church Philadelphia."

I copy the following extracts from the sermons:

REV. E. R. BEADLE.

It may be said that Parker opened the gates of China with a lancet, when European cannon could not break a single bar. Dr. Halley entered the island of Madeira with a single companion, a sick wife leaning on his arm; he left it with eight hundred men won for the truth and God. Thomas was an early medical missionary in India. A Hindoo came to him with a dislocated shoulder. He reduced the luxation, and then told him of Christ, who came into the world to save sinners. He was touched, subdued, soon broke cast, became a changed man, became a Christian. He was the first Hindoo convert, and the leader of a mighty host, who have since entered into the kingdom. It was a physician* who gave India to England; it is a physician who is winning Africa to civilization, and preparing a high way and home for the African race. It was a physician well known and dear to many hearts in this community, who forced his way to the north magnetic pole, and brought to the doors of Christianity those unknown and wandering tribes of the icy north. It is a physician who has followed in his steps and bids fair to complete the discoveries which he inaugurated, and made the frozen and inhospitable regions of our globe warm with the love of Christ. Physicians led in the van of that army which lifted the South Sea Islands from cannibalism, and lighted on those distant groups a civilization which is never to go out.

REV. JAMES B. DUNN.

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*Gabriel Broughton in 1838.

The strong resemblance which these extracts bear

suggests the idea that the mind of the Rev. Mr. Dunn must have been in a peculiar condition.

As an interesting specimen of mental and moral pathology, I send you the above.

M. REECE, M. D.

Abington, Ill.

Chloral Hydrate in Delirium Tremens.

EDS. MED. AND SURG. REPORTER:—

As considerable mention is being made in the various medical journals concerning the use of the chloral hydrate in delirium tremens, I contribute the following report of a case which I treated recently, the result of which does not in my opinion entitle the chloral to preference over other and older remedial agents.

August 13. Was called at 11 P. M., to see G. L——, male, aet. 36; American. Had been without sleep for three days and nights, and consequently in a high state of delirium. Ordered:

R. Chloral hydrat, $\mathfrak{z}\text{iv}$.

Syrup tolu.

Aque

aa. $\mathfrak{f}\mathfrak{ij}$.

Sig.—Two teaspoonfuls every hour until sleep is produced. Following morning no sleep, and no abatement of symptoms. Continued the same prescription until the four drachms of chloral had been taken. At night, no sleep. Ordered:

R. Bromid. potass., $\mathfrak{z}\text{iv}$.

Hoffman's anodyne,

Fld. ext. valerian, aa. $\mathfrak{z}\text{jss}$.

Spts. camph.

$\mathfrak{z}\text{ss}$.

Aque,

q. s. ft. $\mathfrak{z}\text{vii}\mathfrak{j}$.

Sig.—A tablespoonful every hour until sleep is produced. Also, milk punch *ad libitum*. The patient went to sleep after taking four doses of the bromide mixture and slept soundly through the remainder of the night. He awoke the next morning free from delirium. The mixture was repeated three or four times through the day. No recurrence of delirium. GEO. D. STANTON, M. D.

Stonington, Conn., September 3d, 1870

NEWS AND MISCELLANY.

The Wounded at Weissenburg.

Professor Billroth, of Vienna, says the *British Medical Journal*, writes from Weissenburg in terms of high commendation of the organization for the relief of the wounded, and of the labors which men of all classes of society undergo in rendering aid. With regard to complaints which may be made as to the want of arrangement, he says that these are made only by people who know nothing of the mechanism of so great an organized migration as is taking place; for it is believed that half Germany is

in motion. He had at first the idea that it would be necessary to apply to the Society in Vienna for any material that might be wanting; but everything is so well arranged, that everything necessary can be obtained from Mannheim at the shortest notice, while the depot at Mannheim was replenished from Berlin. The central societies of Munich, Stuttgart, and Karlsruhe are also believed to have placed themselves in direct communication with Berlin, so that there is on the German side a complete central organization for the care of the sick and wounded. Materials are sent in great abundance; but the consumption of them is necessarily enormous. Professor Billroth contradicts positively any reports as to want of provisions or ill-treatment on the part of the inhabitants. With the exception of some days at first, he says, the patients, surgeons, and helpers in Weissenburg have been very well cared for by the towns-people, according to their ability. There was, however, an entire want of surgical instruments; but this produced little inconvenience, as Dr. Billroth had a complete supply with him. A portion of the hospital at Weissenburg is placed under the sole charge of Dr. Czerny, Dr. Billroth's assistant.

To Remove Rust from Surgical Instruments.

The *American Practitioner* quotes the following from the *Druggists' Circular*: Red rust may be formed on the polished surface a thousand times without materially corroding the metal, provided it be removed soon after it has formed. To remove red rust cover the rusty portion with common olive-oil, and rub it in well with a woolen cloth. After it has stood a few hours, rub the parts with finely pulverized slacked lime, or Spanish whiting, until the rust is all removed. If red rust is allowed to accumulate until the polished surface is corroded, sweet-oil and a severe rubbing will seldom remove it. The entire surface must be repolished with emery, or some other grit, before black rust will disappear from polished steel or any other metal.

The Temperature.

A careful examination of the thermometrical record shows that, taking the temperature of June, July, and August, the average mean was 78.92 degrees, which is the highest on record in the locality of Philadelphia since 1790.

—Among the physicians killed on the field; victims of their devotion, is M. Milliot. He was extracting a bullet from Colonel Colomieu, now in the hospital of Val-de-Grace, and had just successfully completed the operation, when he was killed on the spot.

—The New York *Express* tells of a physician in Mairé who contracted the habit of chewing tobacco forty years ago. He has at various times abstained from its use entirely, from two to six months at a time, but in every instance he has been driven back to the weed by unmistakable indications of dropsy of the chest, which usually pass off in a week or two after the resumption of the habit.

—Ten steamboats are on service as floating ambulances on the Rhine, from Mannheim to Dusseldorf. The Geneva flag floats at the topmast of each. The wounded are better located in these floating hospitals than they were before; but there is a want of medical aid in them.

—A very large number of the students of the German Universities have interrupted their studies, and have entered on duty in the ambulances. Many of them have been attached to the third German army corps.

—The death is announced of M. J. S. Lacordaire, Professor of Comparative Anatomy at Liège. He was highly distinguished as an entomologist, and was engaged on a history of insects, of which the eighth volume appeared in 1868.

—The books of the U. S. Pension Office show that of the soldiers drawing pensions, 5,006 have lost one arm, 4,627 one leg, 350 both arms, 42 both legs, and 21 an arm and a leg.

—So thoroughly is Ireland now guarded from small-pox by compulsory vaccination, that only one death from it occurred in that country during the last quarter.

—In Cincinnati the excessive mortality among children is attributed to the impure milk sold in the city.

—The three most celebrated surgeons in Berlin, Drs. Langenbeck, Bardeleben, and Wilmst have all entered the army.

OBITUARY.

WM. D. COURTNEY, M. D.

Dr. COURTNEY died on the 8th of September, at Sharpsburg, Md.

A graduate of the University of Pennsylvania, he began the practice of medicine in Sharpsburg, in 1840. Of a retiring and diffident disposition; a patient, sympathizing listener; skillful and quick to detect and treat the first appearance of disease; a foe to empiricism; possessed of large common-sense, combined with a keen thirst for scientific knowledge; a firm friend and ready counselor, with a hatred of slander and no gifts for gossip, he soon gained and retained an extensive lucrative practice. To enjoy the constant service of a skillful and Christian physician for thirty years in a family is no ordinary blessing. Yet numerous families in and around Sharpsburg have enjoyed it, and now feel deeply their loss in the death of Dr. Courtney.

MARRIED.

FULLER-BEATTY.—September 13th, at the residence of the bride's father, in East Liberty, Pa., by Rev. John Gillespie, James Fuller, M. D., and Miss Bella C. Beatty, daughter of R. C. Beatty, M. D.

HENRY-VIRTUE.—August 24th, by the Rev. Samuel Mcbaffy, Dr. Robert H. Henry and Miss Lucy Virtue, all of Washington, Ohio.

HOLLIDAY-PRINGLE.—By Rev. W. J. McConkey, assisted by Rev. H. C. Helfrich, Sept. 7th, at the house of Dr. G. W. Pringle, Miss Mary Pringle, of New Concord, Ohio, and Mr. George L. Holliday, of Pittsburg, Pa.

KERREL-WILLET.—In Bardstown, Ky., Sept. 14th, Dr. J. T. Kerrel, of New Orleans, and Miss Sallie E. Willett, of the former place.

LAYTON-SHERIDAN.—By Rev. Wm. A. Fleming, July 21st, Mr. Jacob Layton and Miss Sallie C., daughter of C. Sheridan, M. D., all of Johnstown, Pa.

MCLEAN-CUNNINGHAM.—By Rev. J. M. Shields, assisted by Rev. D. H. A. McLean, D. D., with the approving presence of Rev. J. C. Wilson, Sept. 8th, at Beaver C. H., Pa., E. P. McLean, M. D., and Miss Anna A. Cunningham.

SAVERY-HUTTON.—At Friends' meeting house, Sewickly, Pa., 9th month, 15th, Dr. Wm. Saver, of Philadelphia, and Rebecca, daughter of the late Joel Hutton, of the former place.

SHARP-HALL.—In this city, Sept. 21st, by Rev. Dr. Rudder, Dr. E. S. Sharp, of Salem, N. J., and Miss Hall, of this city.

THOMAS-MCSTOCKER.—July 28th, by Rev. William Suddards, D. D., Richard Thomas, M. D., and Miss Lydia M. McStocker, both of Philadelphia.

DIED.

BALDWIN.—In Strafford, Vt., Aug. 23, Mrs. Polly Baldwin, widow of the late Dr. Eleazer Baldwin, aged 85.

COURTNEY.—Dr. Wm. D. Courtney, at his residence in Sharpsburg, Md., September 8, 1870, in the 59th year of his age.

FRAZER.—At Montrose, Pa., on the 13th of September, in the 86th year of her age, Mary Frazer, widow of Dr. Charles Frazer.

HOPKINS.—At Peekskill, N. Y., Sept. 8th, Dr. William G. Hopkins, aged 82 years.

HUGHES.—In Blairsville, Pa., on the 7th of August, Mrs. Annie M. Hughes, wife of J. W. Hughes, M. D., and daughter of Hon. James Torrence, of Jefferson county, aged 27 years, 4 months and 4 days.

JACKSON.—Sept. 16th, at East Orange, N. J., Walter Henry, youngest son of Dr. Francis H. and the late Frances M. Jackson, aged 18 years and 19 months.

MCDONALD.—Sept. 16th, Ann Josephine, 7 years of age, daughter of Dr. A. E. McDonald, fell from the roof of a building, in Boston, and was instantly killed.

MCGOODWIN.—In Princeton, Kentucky, on August 25th, Grace G., consort of Dr. P. B. McGoodwin, in the 59th year of her age.

RICHARDS.—August 11th, at Savannah, Mo., of cholera infantum, Hubert A., son of W. H. and Mary A. Richards, aged 2 months and 5 days. August 23th, Mary A., wife of Dr. W. H. Richards, aged 27 years.

STARKE.—At his residence in Baltimore, September 10th, Dr. Powhatan E. Starke, in the 47th year of his age.

WHEELER.—At Patterson, New York, Sept. 8, 1870, Mary Howland, beloved wife of Dr. N. W. Wheeler, in the 47th year of her age.

WOLF.—In New York, Sept. 21st, after a short illness, Elias Wolf, M. D., a native of Frankfurt-on-the-Rhine, Germany, aged 73 years.

WORRALL.—In this city, August 19th, of pulmonary consumption, Dr. C. B. Worrall, of Maryland, aged 26 years.